

Pro Se 15 (Rev. 12/16) Complaint for Violation of Civil Rights (Non-Prisoner)

UNITED STATES DISTRICT COURT

3rd for the
District of Utah

FILED
2024 OCT 14 AM 8:58
CLERK
U.S. DISTRICT COURT

Division

2:24cv00299 JNP-DAO

ELIA JACOBS

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

) Case No.

2:24-cv-00299-DAO
(to be filled in by the Clerk's Office)

) Jury Trial: (check one) Yes No

SALT LAKE CITY INTERNATIONAL AIRPORT

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

AMENDED COMPLAINT

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name
Address

Erika Jacobs
P O Box 987
Scottsbluff NE 69361
City State Zip Code
Scotts Bluff County
602-434-3107
Erika4570@live.com

County
Telephone Number
E-Mail Address

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name _____

Job or Title (*if known*)

Address

County

Telephone Number

E-Mail Address (*if known*)

Individual capacity Official capacity

Defendant No. 2

Name _____

Job or Title (*if known*)

Address

City

State

Zip Code

County

Telephone Number

E-Mail Address (*if known*)

Individual capacity Official capacity

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Defendant No. 3

Name

Job or Title (*if known*)

Address

N/A

City

State

Zip Code

County

Telephone Number

E-Mail Address (*if known*)

Individual capacity Official capacity

Defendant No. 4

Name

Job or Title (*if known*)

Address

A/H

City

State

Zip Code

County

Telephone Number

E-Mail Address (*if known*)

Individual capacity Official capacity

II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (*check all that apply*):

Federal officials (a *Bivens* claim)

State or local officials (a § 1983 claim)

This claim can fall under the diversity and trip & fall accident.

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

(1) Duty of care - keeping the escalator safe & clean
(2) 18 U.S. code 2255 Civil remedy for personal injuries
(3) Utah Code § 78B-2-307 Statutory limitations
(4) 26 U.S. Code § 104 Compensation for injuries or sickness

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

N/A

- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

(1) It is the duty of the Defendant to provide safe & clean facilities. To make sure the escalator is free from harmful microbes that can affect customers.
(2) The Plaintiff slipped and fell on the escalator and acquired a deep wound in her left knee & abrasions on her right knee
III. Statement of Claim (see attachment)

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. Where did the events giving rise to your claim(s) occur?

It occurred on the escalator at Salt Lake City International AIRPORT

- B. What date and approximate time did the events giving rise to your claim(s) occur?

It happened on 6-29-22

- C. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

(1) I was riding up the escalator when my luggage fell back down the escalator (luggage of other guest is always falling down the escalator but I did not think it would happen to me). It appears to be a defect with the escalator as to luggage carried on it.
(2) Attempted to obtain fallen luggage & my knees were punctured by the escalator and I could not move or get up. I yelled for help. A young man turned off the escalator (had he not turned off the escalator my knee could have been severed). Thanks to the young man's quick response I did not lose my knee. An airport officer came running as well & helped me up the escalator. Page 4 of 6 called the paramedics. The paramedics stated it was a deep wound. I was in excruciating pain & could not walk.

which caused an infection in the left and right knee of the Plaintiff. This infection brought about extreme swelling and pain in the Plaintiff's right knee for almost 24 years; infection was resolved in Jan 2024. Yet, the Plaintiff's injury in left knee was severe. The Plaintiff is unable to walk without a cane and requires a brace on her left knee.

Pursuant federal rule 8 no law is needed (no statutes or codes needed) for a pro se applicant only a short and plain statement of what happened. The Plaintiff was in compliance with rule 8 on submission of first complaint. Pursuant the request for an amended complaint statutes of law were included.

Exhibit

(C) Continued

The wound was bandaged by the paramedics but that did not stop the pain. I had a train ride back to Virginia scheduled for the day, I truly did not know the severity of my injury at the time of the accident. Once in Virginia I sought medical care. In summary, I have been to several hospitals and 2 orthopedic surgeons & have not found resolution for the recovery of my left knee. The Plaintiff could not afford the cost of the hospitals.

IV. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

① Left knee needs medical care in which the Plaintiff cannot afford. The left knee needs a brace and cane assistance to function normally. ② The Plaintiff has lost ability to do normal exercise, walk fast, run, jog & ride a bike. ③ The Plaintiff knees were infected by unknown bacteria on the escalator that caused her legs to be swollen in extreme unbearable pain from 6/29/22 to Jan 2024. The Plaintiff left knee cracked in September 2022 from the inflammation of pain in which doctors oversighted. Please see Exhibit A, Plaintiff attempts to resolve injury with the Salt Lake City International AJ & POLT.

V. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

The Plaintiff request the Defendant pay for the medical care needed to restore the Plaintiff leg (left) back to normal mobility. The amount sought 76,000 or whatever the jury deems award/necessary.

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VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

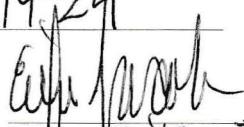
A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing:

10-14-24

Signature of Plaintiff



Printed Name of Plaintiff

Enka Jacobs

B. For Attorneys

Date of signing:

pro se

Signature of Attorney

pro-se

Printed Name of Attorney



Bar Number

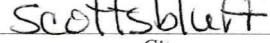


Name of Law Firm

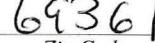


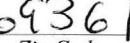
Address

PO Box 987
Scottsbluff City NC Zip Code 69361









Telephone Number



E-mail Address

